

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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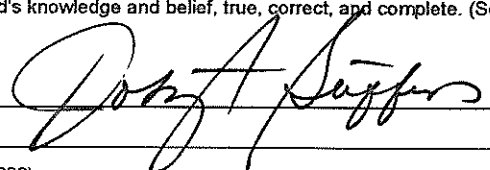
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6288</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / 2004 Through: <u>12</u> / <u>31</u> / 2004
3. Name and address of person filing. Name <u>John</u> <u>A</u> <u>Steffens</u>  P.O. Box, Bldg., Room No., if any  Street <u>7796 Skanskies Ave</u>  City <u>Gig Harbor</u>  State <u>Washington</u> ZIP Code + 4 <u>98335</u>	4. Name, file number, and address of labor organization. Name <u>Pacific NW Regional Council of Carpenters</u>  Labor Organization File Number <u>540172</u>  P.O. Box, Building and Room Number, if any  Street <u>25120 Pacific Hwy S., Suite 200</u>  City <u>Kent</u>  State <u>Washington</u> ZIP Code + 4 <u>98032</u>
5. Position in labor organization. <u>None</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.        7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u></u>	On <u>8/8/05</u> <u>(253) 858-3442</u> Date Telephone Number

Name of Person Filing <u>John Steffens</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Carpenters Trust of W. Washington</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>P.O. Box 1929</u></p> <p>Street <u>2200 6th Ave. Suite 300</u></p> <p>City <u>Seattle</u></p> <p>State <u>Washington</u> ZIP Code + 4 <u>98121</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p><u>TRUSTS Meetings</u></p> <p><u>4-26-04</u></p>
	<p>11.b. Approximate dollar value of such dealing. <u>191.29</u></p>
	<p>12.a. Nature of interest held or income received.</p> <p>_____</p>
	<p>12.b. Amount.</p> <p>_____</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

B.

8. OREGON/WASHINGTON CARPENTERS TRUSTS

2929 NW 31<sup>st</sup> AVE

PORTLAND, OR 97210

11a. TRUST MEETINGS REIMBURSEMENT

2-4-04      248. 14

2-9-04      77. 63

4-26-04      82. 88

7-14-04      400. 13

8-05-04      317. 10

B.  
8. WASHINGTON / IDAHO / MONTANA TRUSTS  
P.O. Box 5434  
Spokane, WA 99205

11a. TRUST MEETINGS REIMBURSEMENT

11.b.	6/28/04	324. <u>20</u>
	8/11/04	128. <u>12</u>

B.

8. RAINIER INVESTMENT MANAGEMENT  
601 Union Street, Suite 2801  
Seattle, WA. 98101

9. b Trust

10. EASTERN WASHINGTON / IDAHO / MONTANA TRUST  
P.O Box 5434,  
SPOKANE, WA 99205

11a Lunch

11. b  $\frac{1}{2}$  of 56.64

B

8. WASHINGTON CAPITAL MANAGEMENT, INC  
1301 Fifth AVE, Suite 1500  
Seattle, WA 98101-2632

9b Trust

10 CARPENTERS TRUSTS of W. WASHINGTON  
2200 6th Ave. Suite 300  
Seattle, WA 98121

11a. Golf outing

11b. 7-22-04  
61.64

B

8. MULTI - EMPLOYER PROPERTY TRUST

100 THIRTEENTH STREET, NW

WASHINGTON, D.C 20005

9b. TRUST

10. CARPENTERS TRUSTS OF W. WASHINGTON

2200 6TH AVE Suite 300

SEATTLE WA 98121

11.a BOARD MEETING IN MAY  
TRAVEL, HOTEL, PARKING

11b. 1258.71